

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212548264						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: POTOMAC ELECTRIC POWER COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SEAN F MURPHY MCGUIRE WOODS ET AL 1750 TYSONS BLVD STE 1800 MCLEAN, VA 22102</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2012</p> <p>SCC ID NO: 00604355</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>200,000,000</td> </tr> <tr> <td>PREFER</td> <td>6,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	200,000,000	PREFER	6,000,000
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COMMON	200,000,000							
PREFER	6,000,000							
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 701 NINTH ST NW CITY/ST/ZIP: WASH, DC 20068 </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID M VELAZQUEZ TITLE: PRES/COO ADDRESS: 701 NINTH ST NW CITY/ST/ZIP/CO: WASHINGTON, DC 20068 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DAVID M VELAZQUEZ TITLE: PRES/COO ADDRESS: 701 NINTH ST NW CITY/ST/ZIP/CO: WASHINGTON, DC 20068	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
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NAME:	THOMAS H GRAHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	701 NINTH ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20068		
NAME:	MICHAEL W MAXWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	701 NINTH ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20068		
NAME:	KEVIN M MCGOWAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
ADDRESS:	701 NINTH ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20068		
NAME:	J MACK WATHEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	701 NINTH ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20068		
NAME:	JANE K STORERO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SEC/ASST TREAS		
ADDRESS:	701 NINTH ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20068		
NAME:	DONNA J KINZEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	701 NINTH ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20068		
NAME:	JOSEPH M RIGBY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	701 NINTH ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20068		
NAME:	PATRICK J NISCO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AST TREA/ASTSEC		
ADDRESS:	701 NINTH ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20068		
NAME:	JEFFERY E SNYDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AST TREA/ASTSEC		
ADDRESS:	701 NINTH ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20068		
NAME:	CHARLES R DICKERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	701 NINTH ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20068		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JANE K STORERO	JANE K STORERO, SEC/ASST	12/14/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREAS	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			